CONGRATULATING THE ROCKWALL HIGH SCHOOL LADY JACKETS

HON. RALPH M. HALL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 23, 2007

Mr. HALL of Texas. Madam Speaker, today I rise to congratulate the players and coaches of the 2007 Rockwall High School Lady Jackets. On March 3, the Lady Jackets became the third girls team in State history to complete a 40–0 season when they won the Texas 5A championship. Joining this exclusive club with the 1980 South Oak Cliff team and Duncanville's 1997 squad was even more exciting since it marked the first-ever State basketball title for Rockwall's girls. By defeating Houston Cypress Fairbanks 59–54 in the State championship and thereby finishing a 40 and 0 season, the Lady jackets made an unprecedented achievement that certainly merits recognition.

With both Houston Cypress Fairbanks and Rockwall holding pristine 39–0 records prior to the championship game, the State championship promised to be an exciting match. However, by games end the Lady Jackets scored their 40th victory in overtime. Having won the silver medal last year against Plano West, the team was well motivated to come back this year and win gold, and with their championship victory they did just that.

Madam Speaker, I want to congratulate the Rockwall Lady Jackets for their tremendous success, not only in tournament play but also throughout the entire season. Through their hard work and dedication they have made Rockwall very proud. I ask each of my colleagues to join me in honoring Rockwall High School. Finally, I want to commend Superintendent Dr. Gene Burton, Principal Dr. Mark LeMaster, Athletic Director Mark Elam, Athletic Coordinator Scott Smith, Head Coach Jill McDill, Varsity Assistant Casey Reeves, JV Coach Brad Blalock, and Freshman Coach Cody Christenberry for helping to lead the Lady Jackets on to victory. I'd like to congratulate each of the talented players on the 2007 Championship Lady jacket team: Shelby Adamson, Emily McCallum, Arielle Andres, Haley Day, Peyton Adamson, Samantha Shaw, Meredith Gordon, Sunny Satery, Brittany Coleman, Kayla Kimmons, Ariel Coleman, Genevieve Campbell, Lindsay Wack, and Kiara Slayton. I'd also like to honor Ashlie Strange, Rebekah Jones, Lauren Hurt, Nichole Schueneman, and Taylor Whitehead who all served as managers for the team.

I especially salute head coach Jill McDill on her devotion to duty, her super guidance of our girls, never looking ahead but taking the games one at a time. Coach McDill is a thorough coach where every detail is practiced over and over by her girls. Just as this stellar group of players took its schedule one game at a time, so too have they been taught to live life. Coach McDill has instilled in them the desire to live every day doing their best, to be unafraid of the future, and be loyal to your goals, your school, your family, and your God.

The combination of a talented group of girls, a head coach who has previously won State titles at other schools, a Superintendent and faculty who fully supports, and parents and loyal Yellow Jacket supporters yielded a Rockwall girls Basketball State 5A Championship and a number 3 national ranking.

Girls, coaches, parents, faculty, and student body—you made Rockwall, Texas, smallest county of 254 counties, very proud.

God bless all of you and thank you again! As we close and leave this floor of Congress on this 23rd day of March, let us do so in respect and recognition that the Rockwall Girls Basketball team is the champion of the largest State in the union—the State of Texas.

INTRODUCING THE MEDICARE MENTAL HEALTH MODERNIZATION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 23, 2007

Mr. STARK. Madam Speaker, I rise today with my colleagues JIM RAMSTAD of Minnesota and PATRICK KENNEDY from Rhode Island to introduce the Medicare Mental Health Modernization Act, a bill to provide mental health parity in Medicare. I have introduced a version of this bill in every Congress since 1994. Perhaps this time we can actually enact it.

Medicare's mental health benefit is fashioned on treatments provided in 1965, but mental health care has changed dramatically over the last 42 years. Medicare limits inpatient coverage at psychiatric hospitals to 190 days over an individual's lifetime. In addition, beneficiaries are charged a discriminatory 50 percent coinsurance for outpatient psychotherapy services, compared to 20 percent for physical health services.

The Medicare Mental Health Modernization Act eliminates this blatant mental health discrimination under Medicare and modernizes the Medicare mental health benefit to meet today's standards of care.

This bill is long overdue. One in five members of our senior population displays mental difficulties that are not part of the normal aging process. In primary care settings, more than a third of senior citizens demonstrate symptoms of depression and impaired social functioning. Yet only one out of every three mentally ill seniors receives the mental health services he/she needs. Older adults also have one of the highest rates of suicide of any segment of our population. In addition, mental illness is the single largest diagnostic category for Medicare beneficiaries who qualify as disabled.

There is a critical need for effective and accessible mental health care for our Medicare population. Recent research has found a direct relationship between treating depression in older adults and improved physical functioning associated with independent living. Unfortunately, the current structure of Medicare mental health benefits is inadequate and presents multiple barriers to access of essential treatment. This bill addresses these problems.

The Medicare Mental Health Modernization Act is a straightforward bill that improves Medicare's mental health benefits as follows:

It reduces the discriminatory co-payment for outpatient mental health services from 50 percent to the 20 percent level charged for most other Part B medical services.

It eliminates the arbitrary 190-day lifetime cap on inpatient services in psychiatric hospitals.

It improves beneficiary access to mental health services by including within Medicare a number of community-based residential and intensive outpatient mental health services that characterize today's state-of-the-art clinical practices.

It further improves access to needed mental health services by addressing the shortage of qualified mental health professionals serving older and disabled Americans in rural and other medically underserved areas by allowing state licensed marriage and family therapists and mental health counselors to provide Medicare-covered services.

Similarly, it corrects a legislative oversight that will facilitate the provision of mental health services by clinical social workers within skilled nursing facilities.

It requires the Secretary of Health and Human Services to conduct a study to examine whether the Medicare criteria to cover therapeutic services to beneficiaries with Alzheimer's and related cognitive disorders discriminates by being too restrictive.

In April 2002, President Bush identified unfair treatment limitations placed on mental health benefits as a major barrier to mental health care and urged Congress to enact legislation that would provide full parity in the health insurance coverage of mental and physical illnesses. We've made important strides forward for the under-65 population. Twenty-six states have enacted full mental health parity. The Federal Employees Health Benefits Plan (FEHBP) was improved in 2001 to assure that all federal employees and members of Congress are provided parity for mental health and substance abuse treatment. This month, Representatives KENNEDY and RAMSTAD intoroduced H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, to provide full parity for mental health and substance abuse in the private insurance market nationwide. I'm proud to join them in support of this legislation, which was introduced with 256 cosponsors—well more than the 218 majority needed to pass the House of Representatives.

While some in the business community are concerned about increased costs associated with providing these benefits, a recent study of the FEHBP mental health coverage concluded that implementation of parity benefits led to negligible cost increases. In fact, some businesses are now embracing parity because they recognize the increased productivity from workers over the long run and how improving access to mental health services has the potential to avoid other additional costly care.

I am similarly sure that modernizing the Medicare mental health benefit will reduce unnecessary spending. Medicare mental health expenses have historically been heavily skewed toward more expensive inpatient services, with 56 percent of the total going to inpatient care and only 30 percent toward outpatient services in 2001. This relationship is in contrast to national trends showing a reversal in inpatient and outpatient spending over the past decade. In the last 10 years, inpatient spending declined from 40 percent to 24 percent, while outpatient spending increased from 36 percent to 50 percent of all mental health spending. In addition, improving beneficiary access to timely mental health care could well yield savings by minimizing the need for other services.

Science has demonstrated that mental illness and substance abuse are manifestations of biological diseases. It is long past time for